

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: TLC KIMBERLY CIRCLE (0009127)
Address: 3302 KIMBERLY CIRCLE, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 10/03/2000
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0092333 **End Date:** 03/31/2004 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Complaint History

Date Complaint Received: 10/03/2003

Date Investigation Completed: 04/08/2004

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES
PROGRAM SERVICES
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/04/2003

Date Investigation Completed: 04/08/2004

Subject Area(s)

NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/18/2003

Date Investigation Completed: 02/12/2004

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/06/2003

Date Investigation Completed: 04/08/2004

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

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